

15/5/2010

INS. CASE OWNER:

CC 4/FW/1900 5905 J2 E63

LKK:
IDAC:

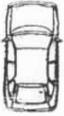
Surveyor: MTH

DOI: Assignment

Date / Time: 11/4/10

Registered in Merimen: 11/4/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SJW 9424H
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 11/4/10
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

5606895R



INSRS: _____
WSP: ✓
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
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INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>5606895R - 4</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: \$S (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
 Repair Cost: \$S
 Loss of Rental (LOR): \$S (days)
 Loss of Use (LOU): \$S (S x days)
 Loss of Income (LOI): \$S (S x days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GIA/LTA Search \$S
 Medical: \$S
 Disbursement: \$S (e.g. Tow/ Independent)
 Legal Cost \$S

Total: \$S **Global Sum \$S:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S Name 1: _____
 Payee 2: (Strike if N.A.) \$S Name 2: _____
 Payee 3: (Strike if N.A.) \$S Name 3: _____

Taufik

REF:

FWD

ASSIGNMENT

2023 April
2013 April

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Vehicle No: _____

at Workshop no: _____

of: _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

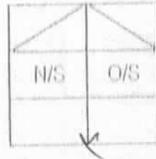
Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

4pm waiting
Vehicle: IN / OUT



Veh No: 94D 6895R

Type: Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Volkswagen Golf C.C. 1395

Colour: Silver A/C Insured / Std / NI / NA

Sp. Reading: 82797 I/Radio: Insured / Std / NI / NA

Eng/Bo: _____

C/Pto: W V W Z L L Z A Y Z Q W 0 9 9 0 6 4

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/S / STD A/Rim or

Tyre Size: F: 225/45R17
R: 27

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A.	D.O.I. 8/4/19

Survey held at: VAG 48 Ton Gun #05-123

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time: File Pass to? : Prel. Report

1) : Final Report

Date/Time: File Return to? _____

2) _____

Report Format _____

Lump Sum / LB I: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1) _____ \$

2) Photos _____

3) Other _____

4) _____

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